| TY NAME: BASF Co | rp. | | |
|---------------------------------|-------------------------------|----------|---|
| TY ID (PREMISE NUI | MBER): 02-47-04-0195 | | |
| TY ADDRESS: 120 F | Pine Street, Elyria, OH 44035 | | |
| e or most recent mod | dification date: 07/27/01 | | |
| ERLY Reporting Period | | | eriod (please indicate "N/A" below in the From and To emiannual deviation reporting) |
| 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| ages in <u>report,</u> includi | ing this one: 34 pages | | |
| list any supporting attachments | | | |
| ng deadline: 01/31/1 | 5 | | |

NOTE: The deviation reporting period shall be stated in the following format: Axx/xx/xx through zz/zz/zz@ where xx/xx/xx and zz/zz/zz are the beginning and end dates for the deviation reporting period respectively.

SIGNATURE FOR STATEMENT

This statement shall be signed by the responsible official as defined in OAC rule 3745-77-01(GG). Making of any false material statement, representation or certification constitutes

a violation of ORC 3704.05(H), and subjects the responsible party signing this statement to civil and/or criminal penalties as provided in ORC 3704.06(C) and ORC 3704.

CERTIFICATION

Based on information and belief formed after reasonable inquiry, I hereby affirm, as stated in OAC rule 3745-77-03(D), that the statements and information as transmitted in this

Title V report are true, accurate and complete to the best of my knowledge.

| Authorized Signature | Date | |
|-----------------------|-------|--|
| | | |
| Name (Please Print) _ | Title | |

Ohio Environmental Protection Agency Section I- Page 1 Deviation Reporting

| ACILITY NAME: BAS | · | | |
|----------------------------|-----------------------------------|---|--|
| ACILITY ID (PREMISE | E NUMBER): 02-47-04-0195 | | |
| ACILITY ADDRESS: | 120 Pine Street, Elyria, OH 44035 | | |
| ssuance or most recen | t modification date: 07/27/01 | | |
| QUARTERLY Reporting Period | | SEMIANNUAL Reporting P report does include semian | Period (please indicate "N/A" below in the "From" and "To" fields if t inual deviation reporting) |
| rom: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/ | /31/15 | | |

Ohio Environmental Protection Agency
Deviation Reporting

FACILITY NAME

FACILITY ID (PREMISE NUMBER)

FACILITY ADDRESS

Issuance or most recent modification date

QUARTERLY Reporting Period

SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AFr

From:

this report does include semiannual deviation reporting)

To:

SECTION I -

From:

Reporting deadline

704.05(H), PART I General Terms and Conditions (Permit Requirement Reporting) (Table1)

To:

Mark the following box with an >X= if no General Terms and Conditions deviations occurred

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART I OF THE TITLE V PERMIT. DURING THE REPORTING PERIOD

Add rows as necessary to the following table for reported deviations (one for each General Term as applicable; see detailed instructions for more information) (Table2)

| PERMIT RM Reporting Requirer scription (choose one) | | | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | DEVIATION INFORMATION | | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTIO PREVENTATIVE MEASURE |
|---|-----------|-----------------|---|--------------------------|--------------------|---|-------------------------------------|--|
| | Quarterly | Semi- Annual | | 1 | /IATION RATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | | |
| | | | | DATE / TIME START | DATE / TIME END | | | |
| | | | | | | | | |
| | | | | | | | | |

TITLEVDEVIATIONREPORT_2NDQRT2013.DOC 11/2005

Ohio Environmental Protection Agency Deviation Reporting

| FACILITY NAME | | | |
|--------------------------------|-------------|---|-----|
| FACILITY ID (PREMISE NUME | BER) | | |
| FACILITY ADDRESS | | | |
| Issuance or most recent modifi | cation date | | |
| QUARTERLY Reporting Period | | SEMIANNUAL Reporting Period (please in this report does include semiannual deviated) | |
| From: To: | | From: | То: |
| Reporting deadline | | | |

| PERMIT RM scription | Reporting R (choos | Requirement se one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | DEVIATION INFORMATION | | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTION PREVENTATIVE MEASURE |
|---------------------------|---------------------------|------------------------|---|--------------------------|--------------------|--|-------------------------------------|--|
| · | Quarterly Semi- Annual | | DEVIATION DESCRIPTION AND MAGNITUDE DURATION OF THE DEVIATION | | | | | |
| | | | | DATE / TIME START | DATE / TIME END | | | |
| | | | | | | | | |
| | | | | | | | | |

Ohio Environmental Protection Agency Section II- Page 1 Deviation Reporting

| FACILITY NAME: BASF Corp. | | | |
|-------------------------------------|-----------------------|----------|--|
| FACILITY ID (PREMISE NUMBER): | 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pine Str | eet, Elyria, OH 44035 | | |
| Issuance or most recent modificatio | n date: 07/27/01 | | |
| QUARTERLY Reporting Period | | | p Period (please indicate "N/A" below in the Fronsemiannual deviation reporting) |
| From: 10/31/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |
| Reporting deadline: 01/31/15 | | | |

<u>Section II - Part II Facility-wide Permit Requirement Reporting</u> Insignificant Emissions Unit Negative Declarations (Table1)

List each insignificant emissions unit where no deviations of any PTI terms or applicable requirements for the listed emissions unit occurred, or add rows as necessary to the deviation reporting table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

VERE NO DEVIATIONS OF <u>ANY</u> PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II./ LE V PERMIT:

Tray Dryers, Littleford mixer

HC-11 Tanks

General Catalyst Dryers 4 and 5

Nitric Acid Dilution

ZR Sinter Furnace

Ammonia Stripper

Horne Tableting Machines

Kewanee Boiler, rated at 8.6 MMBTU/hr

Ohio Environmental Protection Agency Section II- Page 2 Deviation Reporting

| FACILITY NAME: BASF Co | rp. | | |
|-----------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NU | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 I | Pine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | dification date: 07/27/01 | | |
| QUARTERLY Reporting Period | | | Period (please indicate "N/A" below in the Fron emiannual deviation reporting) |
| From: 10/31/14 To: 12/31/14 | | From: NA | To: NA |
| Reporting deadline: 01/31/1 | 5 | | · |

VERE NO DEVIATIONS OF <u>ANY</u> PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II. I LE V PERMIT:

| Kewanee Boiler, rated at 8.6 MMBTU/hr Kewanee Boiler, rated at 8.6 MMBTU/hr Kewanee Boiler, rated at 8.6 MMBTU/hr | |
|---|--------------------------------------|
| Kewanee Boiler, rated at 8.6 MMBTU/hr Kewanee Boiler, rated at 8.6 MMBTU/hr | ewanee Boiler, rated at 8.6 MMBTU/hr |
| Kewanee Boiler, rated at 8.6 MMBTU/hr | ewanee Boiler, rated at 8.6 MMBTU/hr |
| | ewanee Boiler, rated at 8.6 MMBTU/hr |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Ohio Environmental Protection Agency Section II- Page 3 Deviation Reporting

| FACILITY NAME: BASF Corp. | | | |
|-------------------------------------|-----------------------|----------|---|
| FACILITY ID (PREMISE NUMBER): | 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pine Str | eet, Elyria, OH 44035 | | |
| Issuance or most recent modificatio | n date: 07/27/01 | | |
| QUARTERLY Reporting Period | | | Period (please indicate "N/A" below in the Fron emiannual deviation reporting) |
| From: 10/31/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | · | | |

Facility-wide Permit Requirements Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (mark with an >X= if applicable) (Table 2)

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART II OF THE TITLE V PERMIT DURING THE REPORTING PERIOD SPECIFIED IN THIS REPORT

<u>Section II - Part II Facility-wide and/or IEU permit requirement (Permit Requirement Reporting) - Deviation Reporting</u> (Table 3) Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information)

| r IEU T iption | (choos | Requirement se one) poth | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | DEVIATION INFORMATION | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MALFUN WRIT REPOF DATE | |
|----------------------|-----------|--------------------------------|---|--------------------------|--------------------|--|---|--------------------------------------|--|--|--|
| is for | Quarterly | Semi- Annual | | | IATION ATION | DESCRIPTION AND MAGNITUDE OF THE | | | MALFUNCTION ? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the space below) | (If no reports state ANO R in the spac |
| | | | | DATE / TIME START | DATE / TIME END | DEVIATION | | | the next column) | | |
| | | | | _ | | | | | | | _ |

Ohio Environmental Protection Agency Section II- Page 4 Deviation Reporting

| Deviation reporting | | | |
|--------------------------------------|-----------------------|----------|--|
| FACILITY NAME: BASF Corp. | | | |
| FACILITY ID (PREMISE NUMBER): | 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pine Stre | eet, Elyria, OH 44035 | | |
| Issuance or most recent modification | n date: 07/27/01 | | |
| QUARTERLY Reporting Period | | | Period (please indicate "N/A" below in the Froncemiannual deviation reporting) |
| From: 10/31/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | · |

| r IEU T iption | Reporting Requirement (choose one) Or both ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | DEVIATION INFORMATION | | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MALFUN WRIT REPOF DATE | | |
|----------------------|---|-----------------|--------------------------|----------------------|---|--|---|---|--|--|--|--|
| s for | Quarterly | Semi- Annual | | | DEVIATION DESCRIPTION A DURATION MAGNITUDE OF | | | | MALFUNCTION ? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the space below) | (If no reports state ANO R in the spac | |
| | | | | DATE / TIME START | DATE / TIME END | DEVIATION | | | the next column) | | | |
| | T | | | | | | | | | | | |
| | | | | | | | | | | | | |

Ohio Environmental Protection Agency Section III- Page 1 Deviation Reporting

| FACILITY NAME: BASF Cor | ·p. | | | |
|------------------------------|------------------------------|----------|---|--|
| FACILITY ID (PREMISE NUM | MBER): 02-47-04-0195 | | | |
| FACILITY ADDRESS: 120 P | ine Street, Elyria, OH 44035 | | | |
| Issuance or most recent mod | lification date: 07/27/01 | | | |
| QUARTERLY Reporting Peri | iod | | g Period (please indicate "N/A" below in the From semiannual deviation reporting) | |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA | |
| Reporting deadline: 01/31/15 | ; | | · | |

Ohio Environmental Protection Agency Section III- Page 1

Deviation Reporting

| FACILITY NAME: BASF Corp. | | | |
|--------------------------------|-----------------------------|-------------|--|
| FACILITY ID (PREMISE NUME | 3ER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pin | ne Street, Elyria, OH 44035 | | |
| Issuance or most recent modifi | ication date: 07/27/01 | | |
| QUARTERLY Reporting Perior | d | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| FIOIII. 10/01/14 | 10. 12/31/14 | I TOITI. NA | 10. NA |

Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (Table 1)

List each emissions unit where no deviations of any terms for the listed emissions unit occurred, <u>or</u> add rows as necessary to the second table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

VERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART III OF THE TITLE V PERMIT FOR THE FOLLOWING LISTED EMISSIONS UNITS:

| | | |
|-------------------|---|---|
| Emissions Unit ID | Please place an >X= below if there were no Quarterly Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below | If applicable, please place an >X= below if there no Semiannual Deviations - If an >X= is not inditine the deviation(s) must be identified in Table2 be |
| | X | X |
| | X | X |
| | X | X |
| | | X |
| | X | X |
| | X | X |

Ohio Environmental Protection Agency Section III- Page 2 Deviation Reporting

| FACILITY NAME: BASE CO | orp. | | |
|-----------------------------|-------------------------------|----------|---|
| FACILITY ID (PREMISE NU | JMBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 | Pine Street, Elyria, OH 44035 | | |
| Issuance or most recent mo | dification date: 07/27/01 | | |
| QUARTERLY Reporting Pe | eriod | | Period (please indicate "N/A" below in the Fron miannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/1 | 5 | | |
| | X | X | |
| | X | X | |
| | X | X | |
| | X | X | |
| | X | X | |
| | X | X | |
| | Х | X | |
| | X | X | |
| | X | X | |
| | | X | |

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Ohio Environmental Protection Agency Section III- Page 3 Deviation Reporting

| FACILITY NAME: BASE C | corp. | | |
|----------------------------|---------------------------------|---|---|
| FACILITY ID (PREMISE NU | UMBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 | O Pine Street, Elyria, OH 44035 | | |
| Issuance or most recent mo | odification date: 07/27/01 | | |
| QUARTERLY Reporting Pe | eriod | SEMIANNUAL Reporting Period this report does include semiar | od (please indicate "N/A" below in t innual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/ | <u>′15</u> | | |
| | X | X | |
| | X | X | |
| | X | X | |
| | | X | |
| | X | X | |
| | X | X | |
| | Х | X | |
| | Х | X | |
| | | X | |
| | X | X | |

TitleVDeviationReport_1stQrt2014.doc

Ohio Environmental Protection Agency Section III- Page 4 Deviation Reporting

| FACILITY NAME: BASE Co | orp. | | | | |
|-----------------------------|----------------|------------------|---|--------------|--|
| FACILITY ID (PREMISE NU | MBER): 02- | 47-04-0195 | | <u> </u> | |
| FACILITY ADDRESS: 120 I | Pine Street, E | Elyria, OH 44035 | | | |
| Issuance or most recent mod | dification dat | e: 07/27/01 | | | |
| QUARTERLY Reporting Per | riod | | SEMIANNUAL Report this report does include: | | idicate "N/A" below in the From ion reporting) |
| From: 10/01/14 | | Го: 12/31/14 | From: NA | From: NA | |
| Reporting deadline: 01/31/1 | 5 | | | . | |
| | X | | | X | |
| | X | | | X | |
| | X | | | X | |
| | Х | | | X | |
| | X | | | X | |
| | | | | X | |

Ohio Environmental Protection Agency Section III- Page 5

Deviation Reporting

| FACILITY NAME: BASF Corp. | | | |
|---------------------------------|----------------------------|----------|--|
| FACILITY ID (PREMISE NUMB | ER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pine | e Street, Elyria, OH 44035 | | |
| Issuance or most recent modifie | cation date: 07/27/01 | | |
| QUARTERLY Reporting Period | | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |

<u>Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Deviation Reporting</u> (Table2)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more

information) - Please group deviations for each emissions unit that has deviations of multiple terms.

| on | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | USED TO INFORMATION | | | PROBABLE CORRECTIVE CAUSE FOR ACTIONS / THE PREVENTATIVE DEVIATION MEASURES TAKEN | | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|----|--|------------------------------------|-----------------|---|---------------------|------------------------------------|--|---|------------------------|--|---|----------------------|
| | | Quarterly | Semi- Annual | | | ATION ATION DATE/TIME END | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | | | MALFUNCTION? (If (Yes or No - If m Yes, continue to the next column) | | (i N Ri the |
| | B.II.1-The scrubber water flow rate to each stage of the scrubber shall be continuously be maintained at a flow of not less than 50 gpm at all times while the emissions unit is in operation. | × | | Flow meter | 10/08/14 | 10/09/14 0400 | Flow less than 50 gpm | Water flow rate/inlet exhaust flow issues | Unit taken off line | No | No | |

Ohio Environmental Protection Agency Section III- Page 6 Deviation Reporting

| FACILITY NAME: BASF Corp | p. | | |
|------------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | ИBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pi | 'ine Street, Elyria, OH 44035 | | |
| Issuance or most recent modi | ification date: 07/27/01 | | |
| QUARTERLY Reporting Period | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | <u> </u> | | • |

| on | TITLE V PERMIT TERM NO & Description | Reporting Requirement (choose one) or both | | Requirement (choose one) | | Requirement (choose one) | | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | DEVIATI INFORMA | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|----|---|---|-----------------|--|------------------|-----------------------------|--|--|---------------------------------------|---|----|---|--|---|---|---------|
| | | Quarterly | Semi- Annual | 20111 <u>2</u> 11 1102 | | ATION ATION DATE/TIME | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | | , , , , , , , , , , , , , , , , , , , | MALFUNCTION? (If no repoi (Yes or No - If Yes, continue to the next column) REPORTS space b | | (i N Ri the | | | | |
| | | | | | START | END | | | | | | ine | | | | |
| ۲ | B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 1.5 "WC at all times while the emissions unit is in operation. | X | | Pressure drop readings across the first stage of the Trimer scrubber | 12/01/14 0500 | 12/02/14 2100 | ΔP greater than 1.5" WC across third stage | Scrubber water flow rate/inlet exhaust flow issues | Lines Flushed | No | No | | | | | |

Ohio Environmental Protection Agency Section III- Page 7 Deviation Reporting

| FACILITY NAME: BASF Cor | p. | | |
|------------------------------|------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 P | ine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | ification date: 07/27/01 | | |
| QUARTERLY Reporting Peri | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |

| n | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|---|---|------------------------------------|-----------------|--|------------------|------------------------------------|--|--|--|---|---|----------------------|
| | | Quarterly | Semi- Annual | 2 | | ATION ATION DATE/TIME END | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | DEVIATION | | MALFUNCTION? (Yes or No - If Yes, continue to the next column) | (If no reports were made, state ANO REPORTS@ in the space below) | (i N Ri the |
| ξ | B.II.1-The pressure drop across the first stage of the scrubber shall be continuously maintained between 0 and 1.5 "WC at all times while the emissions unit is in operation. | × | | Pressure drop readings across the first stage of the Trimer scrubber | 12/05/14 0100 | 12/05/14 1000 | ΔP greater than 1.5" WC across third stage | Scrubber water flow rate/inlet exhaust flow issues | Lines Flushed | No | No | |

Ohio Environmental Protection Agency Section III- Page 8 Deviation Reporting

| FACILITY NAME: BASF Cor | p. | | |
|------------------------------|------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 P | ine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | ification date: 07/27/01 | | |
| QUARTERLY Reporting Peri | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |

| n | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|-----|--|------------------------------------|-----------------|---|--------------------|------------------|--|--|---|---|---|-----------|
| | | Quarterly | Semi- Annual | | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | DEVIATION | | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | G V |
| | | | | | DATE/TIME START | DATE/TIME END | THE DEVIATION | | | the next column) | space below) | RI the |
| . ~ | B.II.1-The pressure drop across the second stage of the scrubber shall be continuously maintained between 1 and 4 "WC at all times while the emissions unit is in operation. | Х | | Pressure drop readings across the second stage of the Trimer scrubber | 11/01/14 2100 | 11/02/14 0300 | ΔP less than 1" WC across second stage | Scrubber water flow rate/inlet exhaust flow issues | Unit shut off | No | No | |

Ohio Environmental Protection Agency Section III- Page 9 Deviation Reporting

| FACILITY NAME: BASF Corp | p. | | |
|------------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | ИBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pi | 'ine Street, Elyria, OH 44035 | | |
| Issuance or most recent modi | ification date: 07/27/01 | | |
| QUARTERLY Reporting Period | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | <u> </u> | | • |

| on | TITLE V PERMIT TERM NO & Description | Repoi Require (choose or bo Quarterly | ement e one) ooth Semi- | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | DEVIATION INFORMATION DEVIATION DESCRIPTION AND | | PROBABLE CAUSE FOR THE DEVIATION | CAUSE FOR ACTIONS / THE PREVENTATIVE | WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If | MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO | MA F |
|----|---|---|----------------------------------|---|----------------------------|--|--|--|--------------------------------------|---|--|-----------|
| | | | Annual | | DUR/ DATE/TIME START | ATION DATE/TIME END | MAGNITUDE OF THE DEVIATION | | | Yes, continue to the next column) | REPORTS@ in the space below) | Ri the |
| | B.II.1-The pressure drop across the second stage of the scrubber shall be continuously maintained between 1 and 4 "WC at all times while the emissions | х | | Pressure drop readings across the second stage of the Trimer scrubber | 11/05/14 1200 | 11/05/14 2000 | ΔP less than 1" WC across second stage | Scrubber water flow rate/inlet exhaust flow issues | Lines Flushed | No | No | |

Ohio Environmental Protection Agency Section III- Page 10 Deviation Reporting

| FACILITY NAME: BASF Corp | p. | | |
|------------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | ИBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pi | 'ine Street, Elyria, OH 44035 | | |
| Issuance or most recent modi | ification date: 07/27/01 | | |
| QUARTERLY Reporting Period | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | <u> </u> | | • |

| bn | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|-----|--|------------------------------------|-----------------|---|--------------------|------------------|--|--|---|---|---|-----------|
| | | Quarterly | Semi- Annual | 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | DEVIATION | | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | (4 |
| | | | | | DATE/TIME START | DATE/TIME END | | | | the next column) | space below) | RI the |
| , , | B.II.1-The pressure drop across the second stage of the scrubber shall be continuously maintained between 1 and 4 "WC at all times while the emissions unit is in operation. | Х | | Pressure drop readings across the second stage of the Trimer scrubber | 11/10/14 1300 | 11/10/14 1700 | ΔP less than 1" WC across second stage | Scrubber water flow rate/inlet exhaust flow issues | Lines Flushed | No | No | |

Ohio Environmental Protection Agency Section III- Page 11 Deviation Reporting

| FACILITY NAME: BASF Corp | p. | | |
|------------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | ИBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pi | 'ine Street, Elyria, OH 44035 | | |
| Issuance or most recent modi | ification date: 07/27/01 | | |
| QUARTERLY Reporting Period | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | <u> </u> | | • |

| n n | TITLE V PERMIT TERM NO & Description | Report Requires (choose or be | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | DEVI | DEVIATION INFORMATION DEVIATION DESCRIPTION AND | | PROBABLE CAUSE FOR THE DEVIATION | CAUSE FOR ACTIONS / THE PREVENTATIVE | | MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were | MA F |
|-----|---|-------------------------------|-----------------|---|----------------------------|---|--|--|---|---|--|-----------|
| | | , | Annual | | DURA DATE/TIME START | DATE/TIME END | MAGNITUDE OF THE DEVIATION | | | (Yes or No - If Yes, continue to the next column) | made, state ANO REPORTS@ in the space below) | Ri the |
| | B.II.1-The pressure drop across the second stage of the scrubber shall be continuously maintained between 1 and 4 "WC at all times while the emissions | x | | Pressure drop readings across the second stage of the Trimer scrubber | 12/01/14 0500 | 12/02/14 1700 | ΔP greater than 1.5" WC across third stage | Scrubber water flow rate/inlet exhaust flow issues | Lines Flushed | No | No | |

Ohio Environmental Protection Agency Section III- Page 12 Deviation Reporting

| FACILITY NAME: BASF Cor | p. | | |
|------------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NUI | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 F | Pine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | lification date: 07/27/01 | | |
| QUARTERLY Reporting Per | iod | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | 5 | | |

| on | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | DEVIATI INFORMA | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA |
|----------------|--|------------------------------------|-----------------|--|--------------------|--------------------|--|--|---|---|---|-----|
| | | Quarterly | Semi- Annual | 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | 22,,,,,,,, | <i>M2</i> /100/120 // // /2/ | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | (i |
| | | | | | DATE/TIME START | DATE/TIME END | THE BEVIATION | | | the next column) | space below) | the |
| , _R | B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation. | Х | | Pressure drop readings across the third stage of the Trimer scrubber | 10/11/14 1900 | 10/12/14 0530 | ΔP less than 3"WC across third stage | Scrubber water flow rate/inlet exhaust flow issues | Lines flushed | No | No | |

Ohio Environmental Protection Agency Section III- Page 13 Deviation Reporting

| FACILITY NAME: BASF Cor | p. | | |
|------------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NUI | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 F | Pine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | lification date: 07/27/01 | | |
| QUARTERLY Reporting Per | iod | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | 5 | | |

| on | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|----|--|------------------------------------|-----------------|--|--------------------|------------------|--|--|--|---|---|-----------|
| | | Quarterly | Semi- Annual | | | ATION ATION | DESCRIPTION AND MAGNITUDE OF | DEVIATION | | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | (1 V |
| | | | | | DATE/TIME START | DATE/TIME END | THE DEVIATION | | | the next column) | space below) | Ri the |
| ? | B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions unit is in operation. | Х | | Pressure drop readings across the third stage of the Trimer scrubber | 11/01/14 2100 | 11/02/14 0300 | ΔP less than 3"WC across third stage | Scrubber water flow rate/inlet exhaust flow issues | Calciner taken offline | No | No | |

Ohio Environmental Protection Agency Section III- Page 14 Deviation Reporting

| FACILITY NAME: BASF Corp | p. | | |
|------------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | ИBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pi | 'ine Street, Elyria, OH 44035 | | |
| Issuance or most recent modi | ification date: 07/27/01 | | |
| QUARTERLY Reporting Period | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | <u> </u> | | • |

| on | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | DEVIATI INFORMA ATION ATION | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION? (Yes or No - If | MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made, state ANO | MA F |
|----|---|------------------------------------|-----------------|--|--------------------|--------------------------------------|--|--|---|---|--|-----------|
| | | | Ainuai | | DATE/TIME START | DATE/TIME END | THE DEVIATION | | | Yes, continue to the next column) | REPORTS@ in the space below) | Ri the |
| 2 | B.II.1-The pressure drop across the third stage of the scrubber shall be continuously maintained between 3 and 6"WC at all times while the emissions | х | | Pressure drop readings across the third stage of the Trimer scrubber | 11/04/14 2100 | 11/11/14 1900 | ΔP less than 3"WC across third stage | Scrubber water flow rate/inlet exhaust flow issues | Lines flushed | No | No | |

Ohio Environmental Protection Agency Section III- Page 15 Deviation Reporting

| FACILITY NAME: BASF Cor | p. | | |
|------------------------------|------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 P | ine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | ification date: 07/27/01 | | |
| QUARTERLY Reporting Peri | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |

| on | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|----|---|------------------------------------|-----------------|---|--------------------|------------------|--|--|--|---|---|-----------|
| | | Quarterly | Semi- Annual | | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | DEVIATION | | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | G |
| | | | | | DATE/TIME START | DATE/TIME END | THE DEVIATION | | | the next column) | space below) | RI the |
| | A.II.2-The water flow to the scrubber must be greater than 25gpm at all times while the emissions unit is in operation. | × | | Flow meter | 10/01/14 1645 | 10/02/14 0830 | ΔP less than 3"WC across third stage | Scrubber water flow rate/inlet exhaust flow issues | Pump repaired | No | No | |

Ohio Environmental Protection Agency Section III- Page 16 Deviation Reporting

| FACILITY NAME: BASF Co | rp. | | |
|-----------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NU | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 F | Pine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | dification date: 07/27/01 | | |
| QUARTERLY Reporting Per | riod | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/1 | 5 | | |

| on | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | DEVIATI INFORMA | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|--------|---|------------------------------------|-----------------|---|--------------------|--------------------|---|--|--|---|---|-----------|
| | | Quarterly | Semi- Annual | 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | 22,,,,,,,,, | | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | (4) |
| | | | | | DATE/TIME START | DATE/TIME END | ,,, | | | the next column) | space below) | RI the |
| l i | A.II.2-The water flow to the scrubber must be greater than 25gpm at all times while the emissions unit is in operation. | X | | Flow meter | 10/18/14 1610 | 10/19/14 2000 | ΔP less than 3"WC across third stage | Scrubber water flow rate/inlet exhaust flow issues | Pump repaired | No | No | |
| ø | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 10/2/14 0100 | 10/02/14 0500 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |

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Ohio Environmental Protection Agency Section III- Page 17 Deviation Reporting

| FACILITY NAME: BASF Co | rp. | | |
|-----------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NU | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 F | Pine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | dification date: 07/27/01 | | |
| QUARTERLY Reporting Per | riod | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/1 | 5 | | |

|) bn | TITLE V PERMIT TERM NO & Description | Repor Require (choose or bo | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | DEVIATI INFORMA | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|---------|--|--------------------------------------|-----------------|---|--------------------|--------------------|--|---|---|---|---|---------|
| | | Quarterly | Semi- Annual | 20 2,, 11002 | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | 22 | | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | (4 |
| | | | | | DATE/TIME START | DATE/TIME END | | | | the next column) | space below) | the |
| S | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 10/05/14 1900 | 10/06/14 0200 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |
| G | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | х | | pH meter | 10/28/14 1138 | 10/28/14 2000 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |

Ohio Environmental Protection Agency Section III- Page 18 Deviation Reporting

| FACILITY NAME: BASF Corp. | | | |
|---------------------------------|----------------------------|----------|--|
| FACILITY ID (PREMISE NUMBI | ER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pine | e Street, Elyria, OH 44035 | | |
| Issuance or most recent modific | ation date: 07/27/01 | | |
| QUARTERLY Reporting Period | | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |

| on | TITLE V PERMIT TERM NO & Description | Repor Require (choose or be | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | DEVIATI INFORMA | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA |
|----|--|--------------------------------------|-----------------|---|--------------------|--------------------|--|---|---|--|---|--------|
| | | Quarterly | Semi- Annual | | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | | | MALFUNCTION? (Yes or No - If Yes, continue to the next column) | (If no reports were made, state ANO REPORTS@ in the |) 1 |
| | | | | | DATE/TIME START | DATE/TIME END | | | | the next column) | space below) | the |
| s | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | X | | pH meter | 11/01/14 0400 | 11/01/14 0900 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |
| s | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 11/17/14 0830 | 11/17/14 1130 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |

Ohio Environmental Protection Agency Section III- Page 19 Deviation Reporting

| FACILITY NAME: BASF Co | rp. | | |
|-----------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NU | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 F | Pine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | dification date: 07/27/01 | | |
| QUARTERLY Reporting Per | riod | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/1 | 5 | | |

| pn | TITLE V PERMIT TERM NO & Description | Report Require (choose or be | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | DEVIATIO INFORMATI | | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|----|--|---------------------------------------|-----------------|---|-----------------------|------------------|--|---|---|---|---|-----------|
| | | Quarterly | Semi- Annual | | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | DEV/////ON | MENOGRED WINEN | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | (4 N |
| | | | | | DATE/TIME START | DATE/TIME END | | | | the next column) | space below) | RI the |
| Ø | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | X | | pH meter | 11/18/14 0800 | 11/18/14 2100 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |
| S | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 11/19/14 2000 | 11/20/14 0330 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |

Ohio Environmental Protection Agency Section III- Page 20 Deviation Reporting

| FACILITY NAME: BASF Corp | p. | | |
|------------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | ИBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pi | 'ine Street, Elyria, OH 44035 | | |
| Issuance or most recent modi | ification date: 07/27/01 | | |
| QUARTERLY Reporting Period | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | <u> </u> | | • |

| on | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | M |
|----|--|------------------------------------|-----------------|--|------------------|------------------------------------|--|--------------|--|--|---|---------|
| | | Quarterly | Semi- Annual | | | ATION ATION DATE/TIME END | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | | | MALFUNCTION? (Yes or No - If Yes, continue to the next column) | (If no reports were made, state ANO REPORTS@ in the space below) | F th |
| S | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 11/22/14 0100 | 11/22/14 1300 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | N |
| s | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 11/23/14 0400 | 11/23/14 1400 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | N |

Ohio Environmental Protection Agency Section III- Page 21 Deviation Reporting

| FACILITY NAME: BASF Corp. | | | |
|---------------------------------|----------------------------|----------|--|
| FACILITY ID (PREMISE NUMBI | ER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pine | e Street, Elyria, OH 44035 | | |
| Issuance or most recent modific | ation date: 07/27/01 | | |
| QUARTERLY Reporting Period | | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |

| pn | TITLE V PERMIT TERM NO & Description | Report Require (choose or be | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | M |
|----|--|---------------------------------------|-----------------|---|------------------|------------------------------------|--|--------------|--|---|---|----------------|
| | | Quarterly | Semi- Annual | 27,1102 | | ATION ATION DATE/TIME END | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | DEVIATION | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | MALFUNCTION? (Yes or No - If Yes, continue to the next column) | (If no reports were made, state ANO REPORTS@ in the space below) | () R the |
| S | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 11/25/14 0200 | 11/25/14 1400 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |
| s | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 11/27/14 0200 | 11/27/14 1130 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |

Ohio Environmental Protection Agency Section III- Page 22 Deviation Reporting

| FACILITY NAME: BASF Cor | p. | | |
|------------------------------|------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 P | ine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | ification date: 07/27/01 | | |
| QUARTERLY Reporting Peri | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |

| pn | TITLE V PERMIT TERM NO & Description | Report Require (choose or be | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA |
|----|--|---------------------------------------|-----------------|---|------------------|------------------------------------|--|--------------|--|--|---|---------------|
| | | Quarterly | Semi- Annual | 27,1102 | | ATION ATION DATE/TIME END | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | DEVIATION | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | MALFUNCTION? (Yes or No - If Yes, continue to the next column) | (If no reports were made, state ANO REPORTS@ in the space below) | (R the |
| S | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 11/28/14 0130 | 11/28/14 1100 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |
| s | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 12/07/14 0900 | 12/07/14 1700 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |

Ohio Environmental Protection Agency Section III- Page 23 Deviation Reporting

| FACILITY NAME: BASF Co | rp. | | |
|-----------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NU | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 F | Pine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | dification date: 07/27/01 | | |
| QUARTERLY Reporting Per | riod | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/1 | 5 | | |

| pn | TITLE V PERMIT TERM NO & Description | Report Require (choose or be | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | DEVIATIO INFORMATI | | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|----|--|---------------------------------------|-----------------|---|-----------------------|-------------------|--|---|---|---|---|-----------|
| | | Quarterly | Semi- Annual | 00 m Em 1100 E | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | BEVIIIION | MENCONEO MACA | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | (4 |
| | | | | | DATE/TIME START | DATE/TIME END | ,,,2 320,,,,,,,, | | | the next column) | space below) | RI the |
| Ø | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | X | | pH meter | 12/09/14 0600 | 12/09/14 1100 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |
| S | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 12/10/14 0900 | 12/10/14 17900 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |

Ohio Environmental Protection Agency Section III- Page 24 Deviation Reporting

| FACILITY NAME: BASF Cor | p. | | |
|------------------------------|------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 P | ine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | ification date: 07/27/01 | | |
| QUARTERLY Reporting Peri | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |

|) on | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | DEVIATI INFORMA | | PROBABLE CAUSE FOR THE DEVIATION | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|---------|--|------------------------------------|-----------------|---|--------------------|--------------------|---|---|---|---|---|-----------|
| | | Quarterly | Semi- Annual | | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | | | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | (4 |
| | | | | | DATE/TIME START | DATE/TIME END | | | | the next column) | space below) | Ri the |
| S | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | X | | pH meter | 12/11/14 1300 | 1211/14 2100 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |
| s | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 12/21/14 0100 | 12/21/14 1400 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |

Ohio Environmental Protection Agency Section III- Page 25 Deviation Reporting

| FACILITY NAME: BASF Cor | p. | | |
|------------------------------|------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 P | ine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | ification date: 07/27/01 | | |
| QUARTERLY Reporting Peri | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |

| on | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|----|--|------------------------------------|-----------------|--|--------------------|------------------|---|--------------|--|---|---|-----------|
| | | Quarterly | Semi- Annual | 2,,,,,,,,,,, | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | | | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | (4 |
| | | | | | DATE/TIME START | DATE/TIME END | THE BETTHING | | | the next column) | space below) | Ri the |
| S | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | X | | pH meter | 12/22/14 0300 | 12/22/14 1200 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |
| s | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 12/24/14 0300 | 12/24/14 1100 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |

Ohio Environmental Protection Agency Section III- Page 26 Deviation Reporting

| FACILITY NAME: BASF Co | rp. | | |
|-----------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NU | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 F | Pine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | dification date: 07/27/01 | | |
| QUARTERLY Reporting Per | riod | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/1 | 5 | | |

| bn | TITLE V PERMIT TERM NO & Description | Report Require (choose or be | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA |
|----|--|---------------------------------------|-----------------|--|--------------------|---------------------|--|---|---|--|---|-----|
| | | Quarterly | Semi- Annual | | | ATION ATION I | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | DEVIATION | | MALFUNCTION? (Yes or No - If Yes, continue to the next column) | (If no reports were made, state ANO REPORTS@ in the space below) | R |
| | | | | | DATE/TIME START | DATE/TIME END | | | | the next column) | space below) | the |
| s | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | Х | | pH meter | 12/25/14 0200 | 12/25/14 1100 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |
| s | A.II.1.b-The scrubber water flow rate must be greater than or equal to 2 gpm. | Х | | Flow meter | 8/11/14 0200 | 8/24/14 1900 | Flow meter readings less than 2gpm. | Scrubber water flow rate/air flow issues | Lines flushed | No | No | No |

Ohio Environmental Protection Agency Section III- Page 27 Deviation Reporting

| FACILITY NAME: BASF Cor | p. | | |
|------------------------------|------------------------------|----------|--|
| FACILITY ID (PREMISE NUM | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 P | ine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | ification date: 07/27/01 | | |
| QUARTERLY Reporting Peri | od | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |

|) pn | TITLE V PERMIT TERM NO & Description | Repor Require (choose or be | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA |
|---------|---|--------------------------------------|-----------------|---|--------------------|------------------|--|---|---|---|---|-----------|
| | | Quarterly | Semi- Annual | | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | | | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | (4 |
| | | | | | DATE/TIME START | DATE/TIME END | | | | the next column) | space below) | RI the |
| Ø | B.II.1 -The scrubber liquor liquid must be maintained within the range of 6 to 11 s.u. | X | | pH meter | 11/01/14 0400 | 11/01/14 0900 | pH meter readings greater than 11 s.u | Caustic feed | Caustic flow decreased | No | No | No |
| Ø | A.II.1.a-The pressure drop across each scrubber shall be continuously maintained at a value of not less than 1" WC. | Х | | Pressure drop readings | 11/02/14 0400 | 11/03/14 0300 | ΔP less than 1"WC across first stage | Scrubber water flow rate/air flow issues | Lines flushed | No | No | No |

Ohio Environmental Protection Agency Section III- Page 28 Deviation Reporting

| FACILITY NAME: BASF Corp. | | | |
|---------------------------------|----------------------------|----------|--|
| FACILITY ID (PREMISE NUMBI | ER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pine | e Street, Elyria, OH 44035 | | |
| Issuance or most recent modific | ation date: 07/27/01 | | |
| QUARTERLY Reporting Period | | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |

| on | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA F |
|----|---|------------------------------------|-----------------|--|------------------|------------------------------------|--|---|--|--|---|----------|
| | | Quarterly | Semi- Annual | | | ATION ATION DATE/TIME END | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | DEVIATION | | MALFUNCTION? (Yes or No - If Yes, continue to the next column) | (If no reports were made, state ANO REPORTS@ in the space below) | R the |
| s | A.II.1.a-The pressure drop across each scrubber shall be continuously maintained at a value of not less than 1" WC. | Х | | Pressure drop readings | 11/04/14 0200 | 11/05/14 0500 | ΔP less than 1"WC across first stage | Scrubber water flow rate/air flow issues | Lines flushed | No | No | No |
| s | A.II.1.a-The pressure drop across each scrubber shall be continuously maintained at a value of not less than | Х | | Pressure drop readings | 11/13/14 0600 | 11/15/14 0600 | ΔP less than 1"WC across first stage | Scrubber water flow rate/air flow issues | Lines flushed | No | No | No |

Ohio Environmental Protection Agency Section III- Page 29 Deviation Reporting

| FACILITY NAME: BASF Cor | p. | | |
|------------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NUI | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 F | Pine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | lification date: 07/27/01 | | |
| QUARTERLY Reporting Per | iod | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | 5 | | |

| on | TITLE V PERMIT TERM NO & Description | Repo Require (choose or be | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | WAS THIS DEVIATION ATTRIBUTABLE TO A | MALFUNCTION VERBAL REPORT(S) DATE(S) | MA |
|----|--|-------------------------------------|-----------------|---|--------------------|------------------|--|--------------|---|---|---|-------------|
| | | Quarterly | Semi- Annual | | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | | | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | \ \ \ \ \ \ |
| | | | | | DATE/TIME START | DATE/TIME END | THE BETTATION | | | the next column) | space below) | Ri the |
| er | B.II.3-The pressure drop across the baghouse shall be maintained within the range of 3 to 5"WC while the emissions unit is in operation | Х | | Daily pressure drop readings across the baghouse | 10/08/14 0400 | 10/09/14 0600 | ΔP readings below 3 "WC | Low air flow | Flow adjusted | No | No | No |
| er | B.II.2-The pressure drop across the scrubber shall be maintained at a value of not less than 2 while the emissions unit is in | × | | Daily pressure drop readings across the scrubber | 10/12/14 0001 | 10/13/14 0300 | ΔP readings below 2 "WC | Low flow | Adjusted | No | No | No |

Ohio Environmental Protection Agency Section III- Page 30 Deviation Reporting

| FACILITY NAME: BASF Co | rp. | | |
|-----------------------------|-------------------------------|----------|--|
| FACILITY ID (PREMISE NU | MBER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 F | Pine Street, Elyria, OH 44035 | | |
| Issuance or most recent mod | dification date: 07/27/01 | | |
| QUARTERLY Reporting Per | riod | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/1 | 5 | | |

| on . | TITLE V PERMIT TERM NO & Description | Repo Require (choose or b | ement e one) | ACTUAL METHOD USED TO DETERMINE COMPLIANCE | USED TO DETERMINE | | DEVIATION INFORMATION | | CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN | | MALFUNCTION VERBAL REPORT(S) DATE(S) | M |
|------|--|------------------------------------|-----------------|---|----------------------|------------------|--|----------|---|---|---|-----|
| | | Quarterly | Semi- Annual | | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | | | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | (|
| | | | | | DATE/TIME START | DATE/TIME END | 220,7111010 | | | the next column) | space below) | th: |
| er | B.II.2-The pressure drop across the scrubber shall be maintained at a value of not less than 2 while the emissions unit is in operation | Х | | Daily pressure drop readings across the scrubber | 10/15/14 0400 | 10/16/14 0500 | ΔP readings below 2 "WC | Low flow | Adjusted | No | No | N |
| | Pressure drop across the baghouse shall be maintained between 1 to 4" WC while the unit is in operation | Х | | Daily pressure readings across the baghouse | 11/19/14 0015 | 11/20/14 0330 | ΔP readings below 1 "WC | Low flow | Adjusted | No | No | Ŋ |

Ohio Environmental Protection Agency Section III- Page 31

Deviation Reporting

| FACILITY NAME: BASF Corp. | | | |
|---------------------------------|----------------------------|----------|--|
| FACILITY ID (PREMISE NUMBI | ER): 02-47-04-0195 | | |
| FACILITY ADDRESS: 120 Pine | e Street, Elyria, OH 44035 | | |
| Issuance or most recent modific | ation date: 07/27/01 | | |
| QUARTERLY Reporting Period | | | Period (please indicate "N/A" below in the From emiannual deviation reporting) |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA |
| Reporting deadline: 01/31/15 | | | |

| | TITLE_V_PERMIT | Repo Require | | ACTUAL METHOD | | DEVIATI | | PROBABLE | CORRECTIVE | WAS THIS | MALFUNCTION | MA |
|----|---------------------------|-----------------|-----------------|-----------------------------------|--------------------|------------------|--|--|---------------------------------------|---|---|-----------|
| on | TERM NO & Description | (choose or b | e one) | USED TO DETERMINE COMPLIANCE | | INFORMATION | | CAUSE FOR THE DEVIATION | ACTIONS / PREVENTATIVE MEASURES TAKEN | DEVIATION ATTRIBUTABLE TO A | VERBAL REPORT(S) DATE(S) | F |
| | | Quarterly | Semi- Annual | | | ATION ATION | DESCRIPTION AND MAGNITUDE OF THE DEVIATION | | | MALFUNCTION? (Yes or No - If Yes, continue to | (If no reports were made, state ANO REPORTS@ in the | (4 |
| | | | | | DATE/TIME START | DATE/TIME END | THE BEVIATION | | | the next column) | space below) | Ri the |
| า | A.III.1-Visible Emissions | Х | | Weekly visible emissions check | 11/10/14 0845 | 11/10/14 0930 | Visible emissions | Bag failure in product collector | Bag replaced | No | No | No |
| 1) | A.III.1- Visible Emission | Х | | Weekly Visible Emission Check | 1000 | 1100 | Visible emissions | Low scrubber water flow | Flow adjusted | No | No | No |
| | A.III.1- Visible Emission | × | | Weekly Visible Emission Check | 1000 | 1000 | Visible emissions | Low scrubber water flow | Flow adjusted | No | No | No |

See page 3 of the instructions ASECTION III ADDITIONAL DETAILED INSTRUCTIONS FOR COMPLETING A DEVIATION REPORTING

TitleVDeviationReport_1stQrt2014.doc

Ohio Environmental Protection Agency Section III- Page 32 Deviation Reporting

| FACILITY NAME: BASF Corp. | | | | | | | |
|--------------------------------------|----------------------|----------|--|--|--|--|--|
| FACILITY ID (PREMISE NUMBER): | 02-47-04-0195 | | | | | | |
| FACILITY ADDRESS: 120 Pine Stree | et, Elyria, OH 44035 | | | | | | |
| Issuance or most recent modification | date: 07/27/01 | | | | | | |
| QUARTERLY Reporting Period | | | SEMIANNUAL Reporting Period (please indicate "N/A" below in the From this report does include semiannual deviation reporting) | | | | |
| From: 10/01/14 | To: 12/31/14 | From: NA | To: NA | | | | |
| Reporting deadline: 01/31/15 | | | · | | | | |

TABLE@ for guidance on this table.